

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Newark Housing Authority Plan Update  
Annual Plan for Fiscal Year: April 1, 2003

**Approved by NHA Board of Commissioners**  
**Date: January 8, 2003**  
**Approved by NHA Resident Advisory Council**  
**Date:**  
**Submitted to HUD**  
**Date: January 13, 2003**

## NHA Plan Agency Identification

**PHA Name:** Newark Housing Authority

**PHA Number:** DE003

**PHA Fiscal Year Beginning:** (04/2003)

### PHA Plan Contact Information:

Name: Johnnie Jackson

Phone: (302) 366-0826

TDD: (302) 366-0826

Email (if available): NHA\_DE@Prodigy.Net

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

### PHA Programs Administered:

☒ Public Housing and Section 8      ☐ Section 8 Only      ☐ Public Housing Only

# Annual NHA Plan

## Fiscal Year 2003

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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Component A – Application for Demolition of Cleveland Heights	
Component B – Relocation Plan for Residents of Cleveland Heights	

### ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

In accordance with Section 511 of the Quality Housing And Work Responsibility Act of 1998 (QHWRA), the Newark Housing Authority is pleased to submit its Annual Plan for Fiscal Year 2003. The Department of Housing & Urban Development has aloud NHA to submit a streamlined plan to address NHA's plan for providing decent, safe and affordable housing in the City of Newark. NHA is designed as a small housing authority with a standard performance.

Please refer to the table of Contents for the components and attachments included in this submission. Any other components that are not included in this submission is indicated to its location and is available at anytime for public viewing at NHA's Administrative Office at 313 East Main Street Newark, DE 19711.

The Annual Plan was available for review to the public on October 24, 2002 as noted in the Newark Post Newspapers on October 10 & 18, 2002. In addition to the newspaper notices was mailed to several agencies, organizations, all landlords and local government. An attendance sheet for the public hearing as well as minutes, including resident/public comments are available for review in the Newark Housing Authority's file on the Annual Plan. Any comments that will be received are to be addressed by NHA and the Board of Commissioners prior to the plan approval at the monthly board meeting scheduled for November 14, 2002.

Any additional comments can be placed in writing and submitted to Johnnie Jackson, Executive Director, before January 8, 2003.

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

Attached with this plan are revisions of the Resident Lease, Section 8 Administrative Plan, Admissions & Continued Occupancy Policy (ACOP), and Demolition Plan for Cleveland Heights Development. Any additional policies and procedures will be revised or updated at the request of HUD through Federal Notices, Regulations and Executive Orders.

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 173,854.00

C. ☒ Yes ☐ No: Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

## **A STATEMENT OF CAPITAL IMPROVEMENTS NEEDED**

### **CAPITAL IMPROVEMENT NEEDS**

As required under the Quality Housing & Work Responsibility Act of 1998, the Newark Housing Authority is submitting its Capital Improvement Plan. This submission includes both

the long-term capital improvements needed as well as the capital improvements planned for the fiscal year beginning April 1, 2003.

Exhibit 1 includes:

- The Five-Year Action Plan for the Comprehensive Grant Program;
- A list of capital improvements needed over the next five fiscal years.

This information has been developed based on an analysis of the:

- Inspection reports completed as required by REAC and HUD and deficiencies reported about the housing units during the last 12-month period;
- Findings from the 504 Compliance Review;
- Recommendations and requests received from residents of public housing units.

Capital improvements accomplished in the next fiscal year will depend on the level of funding available to the housing authority under the Capital Fund. At this time, the level of funding for Federal Fiscal Year 2002 is \$173,854.00. The capital improvements projects that NHA will undertake in this fiscal year order is shown, which indicates the priority need.

## **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

### **Fiscal Year 2003**

#### **Program Capital Improvement**

On July 22 – 26, 2002 HUD had conducted a 504 Compliance Review a number of non-compliance finding were noted in the report and in accordance to 24 CFR § 8.4(b)(4) the housing authority must maintain a minimum of 5% of its housing stock to be handicap accessible units. NHA will complete surveys and pay for consultant to prepare and began the process of demolition, acquisition and relocation of families from the Cleveland Heights Development.

<b>Development Name</b>	<b>Number of Units</b>	<b>Units marked for Demolition</b>
Cleveland Heights Project # DE001	42 units	6 1BR, 12 2BR 20 3BR, 4 4BR
<b>Development Name</b>	<b>Number of Units</b>	<b>Equipment Needed</b>
Independence Circle Project #DE001	36 units	10 Buildings Elderly/Disabled

Begin to complete full renovations on 10 units to comply with the 504 findings.

FY03 to FY05 Capital Improvements will be based more on recommendations completed by the Real Estates Assessment Center (REAC) independent physical inspection and/or City of Newark Building inspection. Listed below are projections for future funding levels, which were based on FY00 CFP Funding, received with a 2% funding increase annually.

#### **FY Projected CFP Dollars**

03 \$173,854  
04 \$177,331  
05 \$180,878

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component; if “yes”, complete one activity description for each development.)

#### **2. Activity Description**

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: Cleveland Heights Development 1b. Development (project) number: DE003001
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(1/15/2003)</u>
5. Number of units affected: 42 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input checked="" type="checkbox"/> Section 8 for 42 units <input type="checkbox"/> Public housing for            units <input checked="" type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for            units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: June 1, 2003 b. Actual or projected start date of relocation activities: October 1, 2003 c. Projected end date of activity: April 1, 2005

### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☒ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 ½ percent of the down payment comes from the family's resources
- ☒ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☒ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):  
NHA is presenting working close with the Neighborhood House Inc. that has over 15 years of working with low-income families and placing them into first-time ownership.

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C. ☐ Yes ☒ No: Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are attached at Attachment \_\_\_\_: Comments of Resident Advisory Council.
3. In what manner did the PHA address those comments? (select all that apply)
  - ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included
    - ☐ Yes ☐ No: below or
    - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.
  - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.

☐ Other: (list below)

## **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: New Castle County - Delaware

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: Creating more homeownership opportunities for low-income families in Newark. To provide affordable housing for elderly and disabled families.

## **C. Criteria for Substantial Deviation and Significant Amendments**

None

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

### **A. Substantial Deviation from the 5-year Plan:**

The demolition of the Cleveland Heights Development, acquiring 42 other scattered site units and relocating the families presently residing in the Cleveland Heights Development.



**B. Significant Amendment or Modification to the Annual Plan:**

None

**Attachment A****Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Reasoning from initial assessments as required by 24 CFR 972.200	Annual Plan: Conversion of Public Housing <sup>1</sup>
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency

<sup>1</sup> HUD Form 50075 not yet updated to show initial assessments as a supporting document.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) Corrective Action Plan for PHAs Physical Inspection	Annual Plan: Operation and Maintenance

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Newark Housing Authority		Grant Type and Number Capital Fund Program: DE26P00350100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: FFY2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations		\$15,000.00	\$15,000.00	\$15,000.00
3	1408 Management Improvements	\$9,188.00	\$9,188.00	\$9,188.00	\$9,188.00
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$80,000.00	\$23,348.00	\$23,348.00	\$23,348.00
10	1460 Dwelling Structures	\$85,000.00	\$132,012.00	\$132,012.00	\$132,012.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$179,548.00	\$179,548.00	\$179,548.00	\$179,548.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security	\$60,360.00	\$15,000.00	\$15,000.00	\$15,000.00
24	Amount of line 20 Related to Energy Conservation Measures	\$39,700.00	\$117,012.00	\$117,012.00	\$117,012.00

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part II: Supporting Pages

PHA Name: Newark Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: DE26P00350100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: FFY2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	To purchase new housing management software to assist NHA in correcting it's reporting errors with HUD and MTCS. To also purchase dedicated network server for the program.	1406		\$0	\$15,000.00	\$0	\$0	Pending
DE001	Install new iron fence around Cleveland Heights & Independence Circle Developments.	1450		\$20,660.00	\$0	\$0	\$0	Revised
DE001	To complete the installation of the new replacement windows started from CIAP FFY1999 Fund.	1460-1		\$110,000.00	\$117,012.00	\$101,495.00	\$68,124.00	In Progress
HA-Wide	To complete the installation of new locks that was not completed in the CIAP Funding FFY1999. Also, to include the installation of new lock's on the unit's utility room doors. The previous locksmith services were terminated.	1460-1		\$0	\$15,000.00	\$0	\$0	Pending

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Newark Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: DE26P00350100 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant: FFY2000</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	To cover all miscellaneous cost in executing the above listed projects. Such as cost for advertisement, obtaining an independent cost estimates, etc.	1408		\$9,188.00		\$6,280.00	\$6,280.00	In Progress
HA-Wide	To reimburse the agency's operating fund for concrete work completed as a result of the City of Newark Annual Sidewalk Assessment Program of property owners in FY1999.	1450		\$0	\$23,348.00	\$23,348.00	\$23,348.00	Completed

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Newark Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: DE26P00350101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>FFY2001</b>
<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Original Annual Statement</span> <span><input type="checkbox"/> Reserve for Disasters/ Emergencies</span> <span><input type="checkbox"/> Revised Annual Statement (revision no: 1)</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2001</span> <span><input type="checkbox"/> Final Performance and Evaluation Report</span> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$8,954.00		\$8,954.00	\$8,954.00
3	1408 Management Improvements	\$5,000.00		\$5,000.00	\$5,000.00
4	1410 Administration	\$9,155.00		\$9,155.00	\$4,724.00
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$45,000.00		\$45,000.00	\$33,625.00
10	1460 Dwelling Structures	\$105,000.00		\$105,000.00	\$105,000.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency	\$10,000.00		\$10,000.00	\$10,000.00
20	Amount of Annual Grant: (sum of lines 2-19)	\$183,109.00		\$180,109.00	\$167,303.000
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	\$30,000.00		\$30,000.00	\$30,000.00
23	Amount of line 20 Related to Security	\$45,000.00		\$45,000.00	\$45,000.00
24	Amount of line 20 Related to Energy Conservation Measures	\$60,000.00		\$60,000.00	\$60,000.00



## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part II: Supporting Pages

PHA Name: Newark Housing Authority		Grant Type and Number Capital Fund Program #: DE26P00350101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: FFY2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	To cover advertisement cost for bids, independent cost estimates, etc. in executing contracts for CFP.	1406		\$8,954.00		\$0	\$0	Pending
HA-Wide	To cover the cost of staff training for Capital Fund Projects	1408		\$5,000.00		\$0	\$0	Pending
HA-Wide	To offset the staff salary while working on Capital Fund Projects	1410		\$9,155.00		\$0	\$0	Pending
DE001	Install vandal proof lights in the rear of the buildings in Cleveland Heights & Independence Circle Developments	1450		\$45,000.00		\$0	\$0	Pending
HA-Wide	Complete the installation of the new exterior door started from CFP FFY2000	1460-1		\$60,000.00		\$0	\$0	Pending
DE001	Install a chairlift in each of the four elderly building in Independence Circle to make the second floor units accessible.	1460-2		\$30,000.00		\$0	\$0	Pending

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Newark Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: DE26P00350101 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant: FFY2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	To be available for any unforeseen problems that may occur or to correct problems from the Uniform Physical Inspection	1502		\$10,000.00		\$10,000.00	\$10,000.00	Completed

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Newark Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: DE26P00350102 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> FFY2002
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> <b>Original Annual Statement</b>  <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> </div> <div> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>  <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$9,000.00			
3	1408 Management Improvements				
4	1410 Administration	\$5,000.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$40,000.00			
10	1460 Dwelling Structures	\$94,109.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$25,000.00			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency	\$10,000.00			
20	Amount of Annual Grant: (sum of lines 2-19)	\$183,109.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security	\$40,000.00			
24	Amount of line 20 Related to Energy Conservation Measures				

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part II: Supporting Pages

PHA Name: Newark Housing Authority		Grant Type and Number Capital Fund Program #: DE26P00350102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: FFY2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	To cover the cost of advertisement, independent estimate cost and other expenses for project under this funding	1406		\$9,000.00				
HA-Wide	To cover the administrative cost to operate and oversee the projects under this funding	1410		\$5,000.00				
DE001	To install vandal proof lights in the rear of the buildings in Cleveland Heights & Independence Circle Developments	1450-1		\$25,000.00				
DE001	To install an iron fence in the rear of Cleveland Heights & Independence Circle Developments	1450-2		\$15,000.00				
DE001	To replace the public housing unit heaters in Cleveland Heights Development	1460		\$94,109.00				
DE001	To install a new heater/air conditioner unit at the Administrative Office	1470		\$25,000.00				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Newark Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: DE26P00350102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: FFY2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	To cover any unforeseen expense that is not included in the agency's operating budget as a result of the physical inspection or to accommodate a person with special needs.	1502		\$10,000.00		\$10,000.00	\$10,000.00	Completed

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Newark Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: DE26P00350103 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> FFY2003
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$30,000.00			
3	1408 Management Improvements	\$20,000.00			
4	1410 Administration	\$15,000.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$20,000.00			
10	1460 Dwelling Structures	\$58,109.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	\$30,000.00			
18	1498 Mod Used for Development				
19	1502 Contingency	\$10,000.00			
20	Amount of Annual Grant: (sum of lines 2-19)	\$183,109.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				



## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part II: Supporting Pages

PHA Name: Newark Housing Authority		Grant Type and Number Capital Fund Program #: DE26P00350103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: FFY2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	To cover the cost of advertisement, independent estimate cost and other expenses for project under this funding	1406		\$30,000.00				
HA-Wide	To cover the administrative cost to improve management operate within the agency’s programs	1408		\$20,000.00				
HA-Wide	To cover the administrative salary to operate and oversee the projects under this funding	1410		\$15,000.00				
DE001	To install an iron fence and vandal proof lights in the rear of the Independence Circle Development	1450		\$20,000.00				
HA-Wide	To perform renovations of 5 – 10% of the public housing units to comply with HUD’s 504 Compliance Review conducted in September 2002	1460		\$58,109.00				
DE001	To cover the cost of relocation for family in Cleveland Heights that are subject to for demolition under this plan	1495.1		\$30,000.00				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Newark Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: DE26P00350103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: FFY2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	To cover any unforeseen expense that is not included in the agency's operating budget	1502		\$10,000.00				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
HA-Wide	HA-Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
To make a complete renovation of 10 units in Independence Circle to comply with 24 CFR § 8.4	\$95,000.00	FFY2003
Demolition, acquisition and relocate families in the Cleveland Heights Development and liquidate the property	\$400,000.00	FFY2003 – FFY2006
Replace and update all 56 public housing unit's and Administrative Office heating system	\$600,000.00	FFY2006 – FY2008
HA-Wide replace old hot water tanks	\$100,000.00	FFY2006
HA-Wide replace roofs	\$210,000.00	FFY2006 – FFY2008
<b>Total estimated cost over next 5 years</b>	<b>\$1,405,000.00</b>	

# PHA Public Housing Drug Elimination Program Plan

**Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

## **Section 1: General Information/History**

**A. Amount of PHDEP Grant \$**\_\_\_\_\_

**B. Eligibility type (Indicate with an “x”)**      **N1**\_\_\_\_\_ **N2**\_\_\_\_\_ **R**\_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

<b>PHDEP Target Areas (Name of development(s) or site)</b>	<b>Total # of Units within the PHDEP Target Area(s)</b>	<b>Total Population to be Served within the PHDEP Target Area(s)</b>

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

**12 Months**\_\_\_\_\_ **18 Months**\_\_\_\_\_ **24 Months**\_\_\_\_\_

### G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

## **Section 2: PHDEP Plan Goals and Budget**

### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

## B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 – Reimbursement of Law Enforcement</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9115 - Special Initiative</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							



9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

## Required Attachment D: Resident Member on NHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Marjorie Hall

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires):

February 1, 2008

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor for the City of Newark, Delaware appoints three members

Governor for the State of Delaware appoints three members.

## **Required Attachment E: Membership of the Resident Advisory Council**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Marjorie Hall – President  
Vanessa Childers – Vice President  
Katherine Rewa – Secretary  
Angela Cropper – Treasurer  
Wendy Maliabir  
Jean Davis

## **Required Attachment F: Comments of the Resident Advisory Council**

The Resident Advisory Council requested that the two story elderly building be equipped with a chairlift to enable the residents on the second floor be able to enter and leave the second floor units and not be effected by the walking up and down the stairs.

NHA will be utilizing the Capital Fund Program to meet the needs of the elderly by providing each of the four buildings with a chairlift.

Comments submitted by the Resident Advisory Council were with regards to the Capital Fund Program and the 5-Year Action Plan. The Council expressed that NHA should include in the Action Plan apartment's size washer and dryer, when they begin to remodel the kitchens and purchase new appliances.

NHA's response to this request is to reexamine this issue at the time we begin to plan for the remodeling work.

## **AGENCY MANAGEMENT POLICIES**

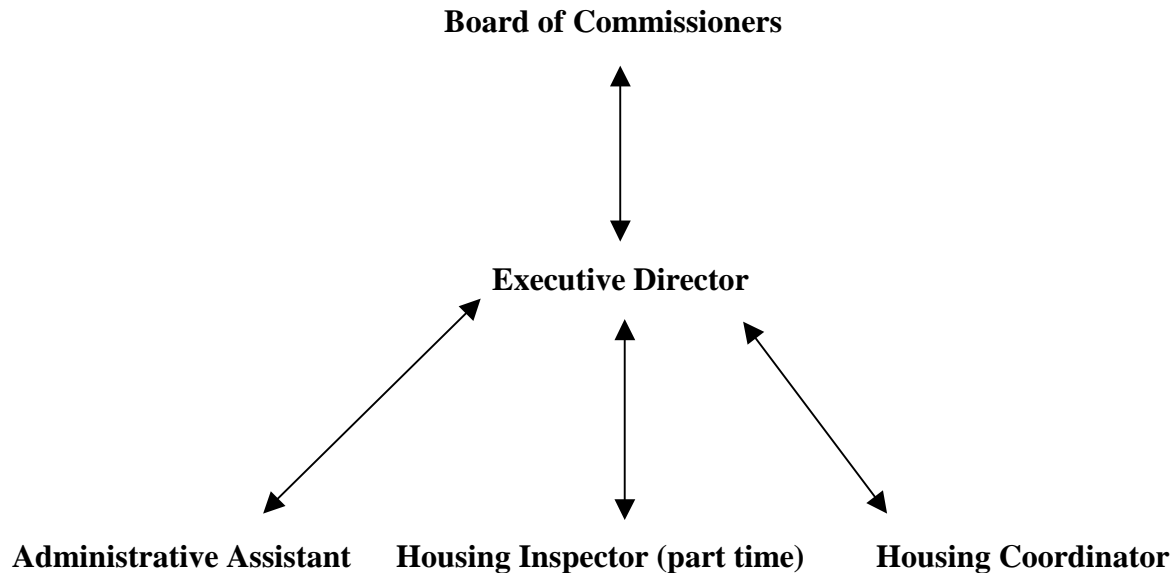
The following policies are available for review at NHA office located at **(313 East Main Street Newark, DE 19711)**:

**Administrative Plan – Section 8 Program**  
**Admission & Continued Occupancy Policy – Public Housing**  
**Capitalization Policy**  
**Check Writing (part of Office Procedure)**  
**Code of Standards**  
**Community Room Policy**  
**Criminal Records Management Policy**  
**Disposition Policy**  
**Drug Free Policy**  
**Equal Housing Opportunity Policy**  
**Executive Limitations Policy**

**Fraud Policy**  
**Investment Policy**  
**Media Policy**  
**Office Procedure**  
**Personnel Policy**  
**Pest Control Policy**  
**Pet Policy**  
**Procurement Policy**  
**Records Management Policy**

### **ORGANIZATIONAL STRUCTURE**

A copy of the agency's organizational chart follows.



## **PART 2**

### **NHA's PROGRAMS**

The programs operated by NHA are listed below.

<b>Program Type</b>	<b>Program Description</b>
Cleveland Heights Development	42 subsidized mixed units
Independence Circle Development	36 subsidized elderly and disabled units
Scattered Sites Program	20 subsidized units throughout the City of Newark
Section 8 Housing Choice Vouchers Program	175 Vouchers to house families in the private market at 110% of the Fair Market Rent
Section 8 Homeownership Vouchers Program	25 Vouchers set aside for Section 8 families to purchase homes in the private market.

### **List of Public Housing Developments**

The Public Housing developments operated by NHA are listed below.

<b>Development Name</b>	<b>Location</b>	<b>Number of Units</b>	<b>Estimated Turn Over</b>
Cleveland Heights	Terrace Drive	42	15
Independence Circle	Independence Circle	36	3
Scattered Sites Units	Throughout the City of Newark	20	2